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ABSTRACT

Urban areas are the sites of many smoking prevention strategies targeting special populations. This digest provides an overview of these initiatives. Adolescents smoke for the same reasons that they use alcohol and other drugs. Personal factors that contribute to risk are enhanced by tobacco company advertising that makes smoking seem attractive. Several essential components of tobacco prevention education have been identified. They include emphasis of the facts that: (1) smoking is not personally or socially desirable; (2) it takes away the smoker's free choice; (3) it is not an adult habit nor an effective act of rebellion; (4) smoking destroys good health; and (5) most teenagers do not smoke and it is acceptable to refuse to smoke. Anti-tobacco education is best begun at an early age, as some examples of programs demonstrate. Suggestions are offered for schools, the community, and the family to help prevent the beginning of smoking by adolescents. Although cigarette smoking has been decreasing, there is some evidence that youth are getting caught up in the cigar smoking fad and that smoking promotions on the Internet are having an influence. Anti-smoking initiatives must be maintained and updated. (Contains 12 references.) (SLD)

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DIGEST

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SMOKING PREVENTION STRATEGIES FOR URBAN AND MINORITY YOUTH

Overall, the number of adolescents who smoke and use smokeless tobacco is decreasing, and the decrease is sharpest among minority youth. Still, about one-third of high school students use tobacco products. Adolescents living in disadvantaged urban areas suffer from many of the stresses shown to increase tobacco use. In addition to experiencing the health problems associated with tobacco use, young smokers are at greater risk for trying alcohol and other drugs (Kaufman, Jason, Sawlski, & Halpert, 1994; *Preventing*, 1994; *Trends*, 1995).

The decline in the number of adolescent smokers is largely the result of intensive multi-pronged anti-tobacco campaigns. These strategies have been most effective with white, middle-class adolescents, the result of the failure to create campaigns convincing to the African American, Latino, and urban youth who still might be inclined to smoke (Cella, Tulsky, Sarafian, Thomas, & Thomas, 1992). New Federal regulations governing cigarette sales and advertising to youth are being phased in, and they are expected to steepen the decline in youth tobacco use. Currently, urban areas are the site of many new prevention strategies targeted to special populations. This digest provides an overview of these initiatives.

Risk Factors for Youth Smoking

Personal

Adolescents smoke for many of the same reasons that they use alcohol and other drugs. Urban community disorganization, crime, violence, poverty, and inadequate schools can lead to a variety of problems for youth, smoking included. Personal factors that put youth at risk for smoking addiction include the following (Gardner, Green, & Marcus, 1994; *Preventing*, 1994; Lerner, 1997):

- Inadequate life skills; victimization; emotional and psychological problems; and lack of self-control, assertiveness, and peer refusal skills.
- Lack of school involvement, academic failure, and dropping out.
- Antisocial conduct, such as gang participation; rejection of commonly held values; and association with others who exert a negative influence.
- Premature pregnancy and parenthood.
- Family homelessness, poverty, stress, lack of cohesion and supervision, conflict, and violence.
- Parental and sibling use of cigarettes, alcohol, and other drugs; and inadequate disapproval of substance use.

Tobacco Company Advertising

Tobacco companies assert publicly that minors should not smoke. However, to offset the overall decline in smoking, companies have stepped up their efforts to "influence kids who are 14" and at a susceptible time in their lives, as acknowledged by one advertising executive. Advertisements feature young, attractive, and successful people, and companies sponsor youth sporting and rock music events (*Preventing*, 1994; Carol, 1988). African Americans are specially targeted, with black magazines receiving disproportionately more revenues from cigarette advertising than other consumer magazines. Billboards advertising tobacco products are seen four to five times more frequently in communities of color than in white areas (*African Americans*, 1992).

Federal regulations will ban tobacco marketing targeted to youth by mid-1998, but general tobacco campaigns will still reach adolescents, particularly in communities of color where advertising is heaviest.

Effective Anti-Smoking Education

Several essential components of tobacco prevention education have been identified. They cover the following points (Carol, 1988; Flynn et al., 1992; *California*, 1993, Lerner, 1997):

Smoking is not personally or socially desirable. Dispel the myths that tobacco is functional for stress reduction, weight maintenance, and social enhancement. Point out that the places where smoking is acceptable are decreasing. Many adolescents, unwilling to risk the health hazards from second-hand smoke, do not want to be near smokers.

Smoking takes away a smoker's free choice. Since adolescents especially desire autonomy over all areas of their lives, demonstrate how tobacco addiction takes away free will, particularly the ability to stop smoking.

Smoking is not an adult habit or an effective act of rebellion. Point out that only 27 percent of adults smoke—evidence that smoking is not a prevalent sign of maturity. Adolescents who want to rebel against those seeking to control them should resist the lure of tobacco companies and their advertising agencies, not non-smoking adults.

Smoking destroys good health. Show the probable physical effects of smoking in full detail.

Most teenagers do not smoke and it is okay to refuse to smoke. Point out that fewer than 20 percent of teenagers smoke regularly, and in California only 5 percent do so. Youth who begin to smoke because their peers do are really succumbing to perceived pressures from a minority. Help teenagers develop "refusal skills" to give them the courage to refuse to engage in behaviors they may not choose.

Anti-Smoking Policies, Programs, and Practices

An anti-tobacco education is best presented through a variety of strategies. Ideally, it begins early in children's lives, because on average youth smoke their first cigarette at age 13 (Lerner, 1997).

Anti-smoking initiatives that are created by, or at least involve, youth are most effective. These are a few examples of programs that have captured urban youth's attention (Cella et al., 1992; Gardner et al., 1994; Rainwater & De Caprio, 1994; Beales, 1997):

- The American Lung Association's anti-smoking, parent participation curriculum, with a multicultural video.
- The Detroit Urban League's "Male Responsibility: Lifepower" program, a rites of passage program for African American youth.
- California's "Richmond Quits Smoking Project," a rap video using multicultural models that teaches refusal skills.
- The "take back the community" project, an action to whitewash billboards with cigarette ads in Harlem, New York.
- The Boston Young Latinas Substance Abuse Prevention Project, which helps girls age 10-14 develop good health habits and positive social skills.
- California's Project Able, which provides information about smoking and other dangers through short plays written in street language and performed for high-risk youth.

As the Federal restrictions on the sale and marketing of tobacco to youth are being phased in, similar—and even more stringent—steps to deter youth can be taken locally. Initiatives include the following (Flynn et al., 1992; *California*, 1993; Rainwater & De Caprio, 1994; Gardner et al., 1994; *Preventing*, 1994; Kaufman et al., 1994):

School

- Designate schools as smoke-free places, and prevent the nearby sale and use of cigarettes.
- Infuse an anti-tobacco message into many courses, not just health education.
- Create, publicize, and uniformly enforce clear rules regarding student substance use.
- Provide intensive staff training in anti-smoking education.

Community

- Develop an anti-tobacco advertising campaign and request free print placement and air time. Use models and premises that appeal to youth and reflect their cultures.
- Incorporate anti-tobacco education into all youth programs.
- Incorporate anti-smoking strategies to use with children into all types of parent programs.
- Provide anti-smoking education along with other services in adolescent clinics.
- Provide addiction recovery services to adolescent smokers.
- Prevent the sale of cigarettes to youth and the display of tobacco promotions.
- Develop leaders and promote community bonding, cultural pride, and bicultural competence by youth.

Family

- Establish homes as smoke-free places. Do not smoke, if possible, or at least provide an anti-smoking education.
- Provide children with good supervision and support.
- Remind older children that they are role models for younger family members, and that many youth begin to smoke because their older siblings do.
- Take a parenting skills course to learn how to provide an anti-smoking and refusal skills education at home.

Conclusion

Although tobacco use by adolescents has been decreasing, there is some evidence that youth are getting caught up in the current cigar-smoking fad, created by celebrities and fueled by positive media stories. In addition, smoking promotions are prevalent on the Internet. Thus, anti-smoking initiatives must be maintained, updated, and perhaps even intensified. The most effective interventions for urban youth provide an anti-tobacco education continuously and consistently from grade school to high school graduation.

—Wendy Schwartz

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